Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

To be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PAR	T 1: PERSONAL INFO	RMATION -	- Petitioner must li	st all required person	al informat	ion.		
Petitioner's Name					Daytime Phone Number			
Age of	Age of Petitioner Marital Status			Age of Spouse		Dependents		
Property Address of Principal Residence			City		State	ZIP Code		
Check if applied for Homestead Property Tax Credit			Amount of Homestead Property Tax Credit					
PAR	T 2: REAL ESTATE IN	FORMATIO	N					
List evid	the real estate informati ence of ownership of th	ion related to e property a	o your principal res It the Board of Rev	idence. Be prepared iew meeting.	to provide	a deed, lan	d contract or other	
Property Parcel Code Number				Name of Mortgage Company				
Unpaid Balance Owed on Principal Residence Monthly Payment			Length of Time at this Residence					
Proper	ty Description			***************************************				
PAR	T 3: ADDITIONAL PRO	PERTY IN	ORMATION			***************************************	***************************************	
~~~~~	information related to a			u or any member resi	iding in the	household		
	Check if you own, or a information below.	re buying, o	ther property. If che	ecked, complete the	Amount of Income Earned from other Property			
	Property Address	2		City		State	ZIP Code	
1	Name of Owner(s)			Assessed Value	Date of Last	Taxes Paid	Amount of Taxes Paid	
7	Property Address			City	4	State	ZIP Code	
2	Name of Owner(s)			Assessed Value	Date of Last Taxes Paid		Amount of Taxes Paid	

PART 4: EMPLOYMENT	INFORMAT	ION — List your o	current employ	ment in	formation.		
Name of Employer	######################################	***************************************					
Address of Employer	***************************************		City				
		City			State	ZIP Code	
Contact Person	***************************************	Employer Tele	phone Nu	ımber	<u></u>	- L	
		·				******************************	
PART 5: INCOME SOUR	CES					-	<u> </u>
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons re	nt compensat , alimony, ch	tion, disability, gov ild support, friend	ernment pensi	ons, we	orker's compensa	tion, div	idends, claims and
		Monthly or Annual Income (indicate which)					
							Y486
	000000000000000000000000000000000000000						
					-		
PART 6: CHECKING, SA	VINGS AND	INVESTMENT I	NFORMATION				
List any and all savings accounts, postal savings persons residing at the p	roperty.	n shares, certificat	tes of deposit,	cash,	stocks, bonds, or	similar i	nvestments, for all
Name of Financial Institution or Investments		Amount on Deposit	Current Interest Rate		Name on Account		Value of Investment
		-				***************************************	
						***************************************	
PART 7: LIFE INSURAN	CE — List al	Il policies held by	all household i	nembe	ers.		
Name of Insured Policy		of Monthly	Policy Paid in				Relationship to
						***************************************	***************************************
						***************************************	
PART 8: MOTOR VEHIC	I E INEODA	ATION	4			***************************************	<u> </u>
			***************************************				2000
All motor vehicles (inclu within the household mus	ding motorcy st be listed.	ycles, motor home	es, camper tra	ilers, e	etc.) held or own	ed by ar	ny person residing
Make		Year	r	Monthly Payment Balan		alance Owed	
							4/4/4/4

PART 9: HOUSEHOLD O	CCUPANTS	— List all p	ersons	iving	in the housel	nold.			
First and Last		Relationship to Applicant		Place of Employment		<b>Employment</b>	\$ Contribution to Family Income		
		-							9
		· · · · · · · · · · · · · · · · · · ·	, <u>100</u>	<b>†</b>			***************************************		3
			***************************************		Bd				
							**************************************		
	***************************************				400000		***************************************		
	***************************************		***************************************			-			
	***************************************					B			
			***************************************						
PART 10: PERSONAL DE	BT — List a	II personal d	deht for	all ho	usehold mem	hore			
			Da				T see		
Creditor	Purpose	of Debt	of D		Original Ba	lance	Mont	hly Payment	Balance Owed
	,		-	~~~~~		***************************************			
		~~		<b>W</b> est of the second se					
									(b, b,
						hoteresensoninisconsonou		***************************************	•
				***************************************		***************************************			
	The State of the S			***************************************			***************************************		
PART 11: MONTHLY EXPE	ENSE INFO	RMATION			En en en en en en				
The amount of monthly ex necessary.	openses rela	ted to the	principal	resid	dence for eac	h cate	gory r	must be listed	d. Indicate N/A as
Heating	Electric	ric			Water			Phone	
Cable	Food		***************************************	Clothing				Health Insurance	
Garbage		Daycare	8		Ca	r Expen	se (gas, repair, etc.	)	
Other (type and amount)	Other (type as	ype and amount)			Ot	Other (type and amount)			
Other (type and amount)	Other (type ar	nd amount)	t) Other (type and amount)						

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT						
The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.						
The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.						
PART 12: CERTIFICATION						
I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.						
Printed Name	Signature	Date				

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

Michigan Department of Treasury 4988 (05-12)

## **Poverty Exemption Affidavit**

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal required to file federal or state income tax returns for the current or preceding tax year.

reside in the principal residence that for the current tax year and the prectax return.	I IS the subject of this Application	rm by my signature below that I on for Poverty Exemption and that ed to file a federal or state income
Address of Principal Residence:		
Signature of Persor	n Making Affidavit	Date